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Art. I.—CASE OF DEATH FROM SWALLOWING A CENT.

BY ORLANDO FAIRFAX, M. D., OF ALEXANDRIA, D. C.

Alexandria, D. C., Oct., 1838.

Professor Dunglison.

Dear Sir,—If you deem the following case of sufficient interest for insertion in your valuable periodical, it is much at your service.

With great respect, very truly yours,

O. Fairfax.

On the 19th of Oct., 1838, I was called to see Mary, a negro girl, aged 12 years. I found, on my arrival at the house, that she had just expired. I was told by her friends that they had not been aware of her being in ill health until the previous evening, when she suddenly discharged from the mouth about a wineglassful of blood; that after this discharge she was cheerful and apparently well for about twenty hours, when the hemorrhage was renewed, and she expired in a few minutes. I saw about ten ounces of florid but not frothy blood, which was what she had discharged on the second occasion.

Upon further enquiry into the history of the patient, I ascertained that she had swallowed a copper coin (a cent) about two years since, and that ever since she had complained of pain about the upper part of the sternum, with occasional difficulty of swallowing; but that she had not been the subject of diarrhœa, and that she had never complained of pain in the abdomen.

Necroscopy, twenty hours after death.—Exterior: moderately plump; abdomen rather full; some blood flowing from the mouth and nostrils.

Thorax.—Heart, lungs, and pleura perfectly natural. On slitting open the œsophagus the coin is discovered, situate with its planes parallel to the axis of the tube and presenting forward and backward, and having two opposite parts of its circumference resting in deep longitudinal sulci, produced in the coats of the œsophagus by ulceration. One of the ulcers, having perforated the coats of the œsophagus, has formed an opening about two thirds of a line in diameter into the aorta, at a point five lines below the origin of the left subclavian. The calibre of the aorta at this point is not enlarged. In the cellular membrane, in the fork formed by the bifurcation of the trachea, is a globular cyst, of the size of a walnut, and containing a fluid strikingly resembling white of egg.

Abdomen.—No morbid adhesions between the different portions of the peritoneum. The peritoneal coat of the intestines is of a remarkable bluish green, which colour has been imparted to that portion of the surface of the liver which rests on the colon. The stomach is distended with dark, coagulated blood, and the mucous membrane is of a brownish-red colour. The mucous membrane of the small and large intestines is of a somewhat lighter colour than that of the stomach, and throughout is thickly studded with na

infinite number of enlarged muciparous glands, of the size of millet seed. The small intestine contains little else than greenish mucus. The colon is remarkably large, and contains a great quantity of a substance, black and pasty, having an unusual odour, and adhering with great tenacity to the mucous membrane.

The coin, on being compared with a new one of the same denomination, is found to be twenty-six grains lighter.

O. Fairfax.

Art. II.—RESEARCHES ON CEREBRAL OTORRHŒA.

BY PROFESSOR ALBERT, OF BONN.

(Concluded from p. 233.)

Case 6.—A man a little more than 40 years of age, lean, has suffered for two years from violent cephalalgia, especially on the right side. He relates that at its commencement there was profuse otorrhœa of the same side, which had lately occurred on the opposite side, but in a less degree, followed by complete deafness. The pains increasing, Professor Hendrin, of Groningen, was consulted, who trepaned the patient above the right ear, at the place where the pains had commenced. At the termination of a few days, the otorrhœa had entirely ceased, and the patient thought he could hear a loud noise; but in proportion as the suppurating wound approached a cure, the otorrhœa returned to the same extent, and was accompanied with cephalalgia and difficulty of deglutition. The patient died suddenly a few days after.

Autopsy.—Almost entire destruction of the petrous bone, with caries of the mastoid process; effusion of pus into the base of the cranium, compressing the medulla, which explains the difficulty of deglutition and sudden death. Nothing extraordinary in the part trepaned.[1]

Case 7.—Guillen Basé, ætat. 22; attacked with fever and delirium after having had an aching tooth drawn, on the 28th of September; four days after, purulent discharge took place from the auditory meatus. Died on the 4th of November.

Autopsy.—Dura mater strongly adherent to the arachnoid, and dotted with small points, particularly towards the longitudinal sinus; convex surface of the brain studded with a large quantity of tubercles, filled with a purulent mass. The cerebral substance, when cut in slices, presented striæ of the same matter. The choroid plexus filled with vesicles containing pus. Cerebellum covered with same mass. The nerves of the seventh and eighth pairs almost destroyed by the pus found in the internal meatus. The superior and horizontal semicircular canal and the inferior portion were filled with pus; the foramen ovale destroyed, and the membrane of the tympanum perforated.[2]

Regarding the short duration of the disease, it is difficult to indicate with certainty the point of departure of the affection; considering, however, the rapid progress and the great disorganisation of the brain, it is fair to presume that it commenced in the latter organ.

Case 8.—C., ætat. 18, affected for many years with otorrhœa and deafness, had, in 1810, an abscess behind the ear through which a probe might be introduced into the mastoid process, and which subsequently closed. Afterwards the patient was seized with cephalalgia, which in 1813 became very violent.

On the 14th of May, he had pungent pains in the head, with anxiety, fre-

[1] Willemier, Dis. de Otorr., &c., p. 27. [2] Willemier, l. c., p. 89.

quent vomiting and somnolency. (General and local bleeding, purgatives, blisters, and mercurials.)

On the 15th and 16th, cephalalgia less; more vomiting; stupor; loquacity; pulse irregular. Death sudden. Neither the symptoms of paralysis nor of spasm were observed.

Autopsy.—Right hemisphere partly reduced to pus, liquid in the very substance, but of rather a pultaceous consistence at the periphery; clots of blood in the middle of this mass. Ventricles of the brain filled with a purulent serosity.[1]

This case is remarkable for the fact that the suppuration of the ear was on the left side, that of the brain on the right.

Case 9.—See Morgagni de Sed. et Caus. Morb., Epist. 12, Art. V.

Case 10.—See Lallemand, Recherches sur l'Encephale, Lettre IV., note to the third page. Lallemand, in reporting this case of Baugrand, said he saw a similar case at the Hospital of Saint-Eloi; the caries even extended as far as the body of the second vertebra; a deviation of the head resulted, which inclined upon the shoulder of the diseased side; incomplete paralysis of the superior extremities; swelling of the neck, &c.

Case 11.—A girl, between eighteen and twenty years old, had putrid remittent fever; bilious and verminous vomiting; tongue thickly coated; pulse full and frequent; urine turbid; dejections fetid. But what was of more importance, was a discharge of pus by the right meatus, with very violent pains in the head. This suppuration commenced a long time before the fever. Goulard, who related this case, was unable to learn any thing further from the patient, as she was at her entrance incapable of answering any questions.

Autopsy.—Under the greater half of the right hemisphere of the brain was an abcess, surrounded by an orange-coloured cyst. The neighbouring cerebral substance was softened. A squamous portion of the parietal bone, and the commencement of the superior face of the petrous bone, were carious even to the mastoid process, and this was filled with a pus similar to that which during life was discharged by the ear and nose.[2]

Case 12.—See Abercrombie.[3]

Case 13.—A man, ætat. 70, affected for two years with a not very acute pain in the ear, followed by a purulent discharge, was attacked with fever, and died soon after.

Autopsy.—Petrous bone, Eustachian tube, and sphenoid bone, filled with pus, and destroyed by caries.[4]

Case 14.—A child attacked with opisthotonos, died comatose.

At the autopsy, the base of the cavity of the tympanum was found perforated. The mastoid portion of the temporal bone was destroyed. All the parts communicated with each other.

Cerebral otorrhœa, in which suppuration of the brain and of the ear were not in direct communication.

Case 15.—A boy, ætat. 11, was seized, during the period of desquamation of mild scarlatina, on the third day of the disease, with a violent pain in the ears and head; one or two hours after, he had delirium, with violent fever. (Blisters to the nucha; local and general bleeding; cold fomentations to the head.) Died on the fifteenth day of the disease.

Autopsy.—Purulent discharge by the internal ear; cavity of the tympanum filled with pus. Membrane of the tympanum and ossicles destroyed. The pus did not enter into the labyrinth. At the posterior lobe of the right hemisphere there was a softened spot; the corresponding membranes were red and deeply injected. Between the dura mater covering the posterior

[1] Abercrombie, Edinburgh Medical and Surgical Journal, June, 1818.
[2] See this case in greater detail, in Lallemand, l. c., p. 151.
[3] Maladies de l'Encephale, par Gendrin, 2de édit., p. 50.
[4] Martin Roux, Journal de Médecine, t. 30, p. 456.

part of the petrous bone, and the arachnoid corresponding, was an exudation of lymph, which adhered strongly, especially to the dura mater.

Remarks.

From the above cases we infer,—1st. That suppuration of the ear may bear a triple relation to the brain; the disease extending from the brain to the ear, or from the ear to the brain, or developed in both parts simultaneously; the second mode being the most frequent. The propagation of the disease recurs by (*a*) *continuity.* Each part is affected and destroyed by degrees, until the cerebral suppuration makes its way outward, or until the suppuration of the ear has attacked the brain and its membranes. This mode of propagation, which attacks and destroys every tissue without exception, is the most common.

(*b*) *At a distance*—Suppuration of the ear developes itself primarily, and is frequently confined to the middle and internal ear; notwithstanding which the membranes of the brain inflame and suppurate. Inflammation of the brain or its meninges is confined to the interior of the cranium; abscesses resulting from it do not reach the ear, and yet inflammation and suppuration occur in the internal ear. In this case, we cannot always demonstrate that the cause of the disease has acted at the same time upon the ear, or that there has existed a predisposition to the disease developed in this organ. We have seen by the cases how the suppuration may be prolonged into the brain. In one case it not only destroyed the parts adjacent to the ear, but even the left hemisphere, and almost all the right.

2dly. As the disease does not always spread by continuity, and as it may be developed simultaneously and separately in the ear and the brain, those cases may be explained in which cerebral suppuration occurs on the side opposite to the diseased ear (Case 8). This remark is interesting, as showing that deafness and purulent discharge are not always to be found on the side on which the brain is diseased.

3dly. The suppuration, in spreading towards the brain, attacks first of all the membranes investing the petrous bone and the cerebral arteries. The membranes are inflamed, thickened, granulated, perforated, and destroyed in different ways, frequently adhering strongly to the parts of the brain in suppuration. The abscesses which commonly occur in the posterior lobe of the brain, or in the cerebellum, are almost always separated from the membranes by a layer of cerebral substance; frequently they have a cyst. In cases where they open and discharge into the auditory organ, or into the base of the cranium, a small aperture leads through a canal of cerebral substance into the emptied cavity.

4thly. When suppuration occurs in the ear, it is not always produced in the brain; but ramollisement, or a simple inflammation of the membranes of the brain frequently exists.

Suppuration and cerebral inflammation do not always give rise to suppuration of the ear; but it cannot, as the case of Schroeder, v. der Kolk exhibits, form a true otitis, with effusion of lymph, and formation of false membranes. This case is particularly remarkable, as showing how, by an effusion in case of cerebral inflammation, permanent deafness may supervene; it explains, also, the marked efficacy of calomel, in deafness following cerebral inflammation or otitis, by exciting the absorption of the inflammatory product.

5thly. Suppuration, which extends from the brain to the ear, more rarely makes its way by the auditory meatus, most commonly another part of the petrous bone is attacked, becomes carious, and forms the means of propagation of the disease; sometimes the most external part of the petrous bone is attacked, and the pus reaches the meatus auditorius externus by an extensive circuit; thus it is that the middle ear and the labyrinth remain unaffected. Cases may therefore occur in which suppuration of the brain, making its way by the external ear, leaves the hearing intact. But when

suppuration extends from the ear to the brain, this propagation takes place more frequently through other parts in the neighbourhood of the auditory meatus than the labyrinth; even in cases where the mastoid process is primarily affected, every part of the labyrinth may become carious, and the disease be propagated to the brain; in one case the temporal bone was carious, the surrounding membranes thickened, and the disease propagated along the external bones of the cranium; it broke through the external ear, leaving the internal parts completely untouched.

6thly. The phenomena of cerebral otorrhœa are much more numerous than have been hitherto pointed out; for they arise not only from the ear and brain, but also from other parts which are gradually affected by the suppuration. When the disease extends from the brain to the ear, the cerebral phenomena exist a long time before the ear is affected; generally they are neither violent nor numerous, but very obstinate; thus, as we have seen in case the first, a violent pain along the sagital suture, with fever, chills, anxiety and insomnia; in the second, severe hemicrania, occupying the occiput and forehead, and subsequently followed by delirium and phrenitis. In examining these phenomena more closely, we see that they commonly accompany inflammation of the dura mater; at the commencement the symptoms are isolated; gradually they become more numerous and violent; at last those of internal otitis show themselves; violent pain of the ear, hearing difficult, deafness, &c.; and the purulent discharge does not supervene until the last period of the disease. Exact observation of the difference in the outset and course of these two diseases can alone lead, during life, to the diagnosis of internal otitis.

Otorrhœa, which gradually attacks the brain and its membranes, does not follow any definite course. In one case the disease of the ear may last for a long, in another for a very short, time; at times it manifests itself with a hissing and roaring, at others with violent pain. The debut is very various; at one time the disease appears like rheumatism, which changes into inflammation and suppuration; at another time it appears like true inflammation terminating in suppuration; in others again otorrhœa may date from infancy. Suppuration does not appear to be favoured by the length of the disease, for it may happen that the latter has been of long or short duration; but in this case caries appears to be constant; the symptoms indicating its existence are, disordered movements of the eyelids and muscles of the face; redness of the palpebral conjunctiva, and pains in the bones of the face; in many cases, puffiness of the mastoid process, or of some other bone near the ear. The symptoms at the side of the head are of a different nature: at the commencement, circumscribed pain of the head of varied intensity, subsequently fever, agitation, then coma, and frequently sudden death. If cerebral suppuration breaks outwardly, a short time before death a profuse discharge appears. The caries of the internal ear, of the mastoid process, and petrous bone, is generally very considerable. Cases in which inflammation and suppuration appear suddenly or in an isolated manner are the most acute, and are announced by violent symptoms of internal otitis, meningitis, or encephalitis.

7thly. Pus may be propagated in a peculiar way, and break out far from its origin; it may flow through the Eustachian tube into the œsophagus and trachea, whence it is ejected by expectoration, and may give rise to the supposition of the existence of ulceration of the trachea and lungs (Case 10); when swallowed it excites nausea and vomiting, and may simulate suppuration of the stomach. Abercrombie cites a case where the pus from caries of the petrous bone and mastoid process broke into the neck; another time it passed into the chest, and a pound of it was found in the pleura costalis. Thus pus may be deposited in every region of the upper part of the body.

8thly. It has been already demonstrated that suppuration of the brain may occur on one side and suppuration of the ear on the opposite; but there are also cases where one ear is primarily diseased, the other becoming equally so (Cases 4 and 8).

9thly. In the case of otorrhœa where an abscess of the brain opens and pus is effused into the base of the cranium and vertebral canal, death may supervene suddenly by compression of the brain and medulla oblongata (Case 6).

Art. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

Summary of Cases treated in Women's Medical Wards, Nos. 1 and 2, and in the Black Women's Medical Ward, of the Philadelphia Hospital (Blockley), from July 24th, to September 4th, 1838. Reported by Edwin A. Anderson, A. M., M. D., of Wilmington, N. C., Senior Resident Physician.

1.—*Women's Medical Wards, Nos. 1 and 2.*

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Phthisis Pulmonalis	2					2
Laryngitis	1	1		1		
Bronchitis	1	1		1		
Disease of Heart and General Dropsy*	2			1	1	
Intermittent Fever	1	1		1		
Gastro-Enteritis	1	1		1		
Cholera Morbus	1	1		1		
Dysentery	3	3		3		
Gastritis	1				1	
Neuralgia	2					2
Epilepsy	1			1		
Nephritis	1	1		1		
Chronic Rheumatism	1	1		1		
Acute Rheumatism	1					1
Disease of Heart, General Dropsy, and Syphilis	1				1	
Total	20	10		12	3	5

REMARKS.

Phthisis Pulmonalis.—The number of cases admitted into these wards was very few, amounting only to two. Both, at time of admission, exhibited cavernous respiration under the right clavicle, gurgling, pectoriloquy, copious purulent expectoration, hectic, sweating, &c. Treatment—external counter-irritation to chest, with the unguentum antimonii et potassæ tartratis, with demulcents and narcotics to allay cough.

Chronic Laryngitis.—Anne Wilson, aged 74 years. This was a very mild case, yielding readily to external irritants to throat, demulcents, narcotics, &c.

Bronchitis.—Charlotte Luzenberg, aged 21. Treated successfully by the unguentum antimonii et potassæ tartratis to the chest, and the following mixture for the cough:—

R. Morphinæ sulphatis, gr. i.; mucil. sem. lini, ℥ v.; syrup. scillæ, ℥ i.; fiat mistura cujus sumatur cochleare quâque semi-hora. Cured.

* Discharged to the Women's Lunatic Asylum, to be treated for mania à potu.

Disease of Heart and General Dropsy.—Mary Judge, aged 60 years. This case was reported by Dr. Vedder in the number of August 15th, page 154. Since this report excessive dyspnœa, from the rapid increase of fluid into the thorax, supervened. Treated chiefly by digitalis and other diuretics. Death occurred suddenly, as was anticipated from the great alteration in the heart's rhythm.

Intermittent Fever.—A very mild case; cured by the sulphate of quinine —two grains every hour.

Gastro-Enteritis.—Margaret Reed, aged 30. Treatment—Cucurbitulæ cruentæ epigastrio cum cataplasmate humuli pro re nata.

Cholera Morbus.—Mary Kelly, aged 54. Treatment—opium, grs. ss. every three hours; sinapisms to the epigastrium; creosote was exhibited with good effect for allaying the continual vomiting.

Patient, after a few days' treatment, was discharged cured.

Dysentery.—Two of these cases were treated successfully with acetate of lead and opium; the third recovered, somewhat more slowly, under the use of tannin, one grain every two hours.

Gastritis.—This case will be separately reported at some future period.

Neuralgia. No. 1.—This patient is subject to intermittent sternal and frontal neuralgia; several of these were followed by severe otitis, first of the right and afterwards of the left ear—treated chiefly by leeches, galvanic plates, and narcotics. Relieved.

No. 2.—This patient was treated rather for the sequel of neuralgia than for this affection itself. After the subsidence of a neuralgic attack in the right hand, obstinate phlegmonoid erysipelas supervened, so as to induce considerable apprehension of suppuration and sloughing of the integuments. The inflammation, however, slowly subsided under the use of epispastics and methodical compression; leaving some adhesion of the integuments to the fascia below.

Epilepsy.—Amenorrhœa for some time. Attacks violent, recurring every two or three weeks. Treatment—Seton in the nucha, and nitras argenti (gr. i. four times a day). Patient was discharged from the wards not cured, and unrelieved after continuing this plan of treatment for five weeks. She was sent away on account of insolence and insubordination.

Nephritis.—Ann McCormick, aged 39 years. A very mild case, readily yielding to infusion of flax-seed, cupping, and counter-irritants over the region of the kidneys.

Chronic Rheumatism.—Margaret Miller, aged 37 years. Treated with the tincture of the actæa racemosa. Cured. This case, along with several similar ones, will be reported at length hereafter.

Disease of the Heart, General Dropsy, and Secondary Syphilis.—This was one of the many cases too often met with by the hospital practitioner, which, amidst the fearful ravages of disease, show how tenaciously life still clings to the sufferer, after all the resources of art have proved utterly unavailing. The patient presented, at her entrance, ulceration of the soft palate, the posterior nares and mouth forming one cavity; aphthæ of the mouth and alimentary canal; œdema of the extremities; distension of the abdomen and thorax; excessive dyspnœa, and palpitation of the heart. She was unable to take food or medicine, and died, loathsome to herself and her attendants.

2.—*Black Women's Medical Ward.*

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Phthisis Pulmonalis	5				2	3
Bronchitis	1	1		1		
Hypertrophy of Heart	1				1	
Valvular Disease of Heart	1			1		
Pleuritis	1	1		1		
Typhoid Fever	1	1		1		
Ptyalisma Mercurialis	1	1		1		
Acute Rheumatism	1	1		1		
Anasarca of Lower Extremities	1	1		1		
Ovarian Tumour	1			1		
Dysentery	2					2
Total	16	6		8	3	5

REMARKS.

Pleuritis.—Sarah Chambers, aged 18. Treated by her physician before entrance into the hospital, for acute hepatitis. Upon entrance, complained only of fixed pain in the left side on inspiration, slight heat of skin and dryness of tongue. No traces of effusion could be detected either by percussion or by the stethoscope. Three days subsequently the chest was again examined. There was now evident distension of the walls of the left side of the thorax, œgophony, and entire absence of respiration at the lower portion of the lung. Percussion flat; the line of flatness and sonorousness well marked. Upon percussing the patient when in an erect posture, and determining the line of dulness, still keeping the pleximeter in the same position and situation upon the chest, the patient was ordered to resume the recumbent posture. Percussion was now evidently sonorous in the very same spot; from the gravitation of the liquid to the spinal portion of the thoracic cavity, plainly proving the fact of effusion. The patient was now ordered the following prescription:—

R. Hyd. chlorid. mit., gr. i.; pulv. scill., gr. i.; pulv. digital., gr. ss.; fiat pulvis omni hora sumendus.

August 28th.—Urine now increased to three pints daily; distension of side less; respiration easier. Continuentur pilulæ.

Sept. 3d.—Effusion now entirely disappeared; respiration easy, vesicular throughout the whole of the chest; no distension of side. Discharged cured.

Typhoid Fever.—Mary Lee, aged 19. This case was a very mild one. Treated by the mistura effervescens, ℥ ss. every two hours; epithems of iced water to the head; sponging the body with the chlorides, and occasional purgatives. Cured.

Acute Rheumatism.—Treated successfully with the actæa racemosa. This case will be separately reported.

Anasarca of Lower Extremities.—Phoeby Ricks, aged 70. Patient an old inmate of the hospital, idiotic for many years; came into the ward labouring under extensive infiltration of feet and legs, extending almost to the groin. This case was interesting from the trial that was made upon it in testing the powers of our native digitalis. A small quantity having been carefully prepared by the apothecary, Mr. Marks, for this purpose, from the hospital garden, one grain of the powder was given four times a day. In three days the effusion entirely disappeared, the secretion of urine being

very copious and frequently discharged. As far as three trials go, the reporter is decidedly favourable to the native digitalis. The subject is well worthy the attention of the profession; for several years the native plant has been employed in preference to the imported, or English article, by many intelligent physicians of Connecticut.

E. A. Anderson, A. M., M. D.

Art. IV.—CASES ILLUSTRATING THE USE OF THE FORCEPS. No. 2.

BY S. A. COOK, M. D., BUSKIRK'S BRIDGE, NEW YORK.

(Continued from page 166.)

Before making such general remarks on the use of the forceps as the cases already presented would suggest, I shall proceed to relate a few illustrating my second indication, viz., the extreme sufferings of the mother. It frequently happens that, after a severe or lingering introduction to parturition, when the os tincæ has fully dilated, and the head, nearly or entirely escaped from the uterus, has sunk into the pelvis, so as to all but rest on the perinæum, that the further progress of labour ceases. Irregular uterine contractions continue, painful in the extreme; often harassing and tormenting the patient for hours, sometimes for days, the head remaining unmoved, and the patient—just on the verge of delivery—undelivered. It may be difficult to account for a cessation of progress at this particular period of labour. The pulse and countenance of the patient exhibit no signs of exhaustion; and the ease with which the head of the fœtus is moved about by the finger, indicates no disproportion between it and the passage through which it is intended to pass. Yet every accoucheur must have witnessed this state more or less frequently, and have watched with the utmost solicitude for the advancement of the fœtus, while he felt that a few—perhaps one or two—forcible contractions would readily terminate the sufferings and anxieties.

The uterus, whether muscular or not, exhibits during parturition one of the most important attributes of the muscular fibre, viz., the power of contraction; and appears also to be governed in its contractile efforts by laws similar to those that govern muscular action. There is a point of distension at which every muscle, and more especially the hollow muscles, are enabled to act with their maximum of facility and force. If the bulk of their contents distend them beyond this point, their contractions will of necessity be less powerful and more irregular, until the point of perfect paralysis be reached. This principle the surgeon sees familiarly illustrated in the unavailing efforts to empty itself of the over-distended bladder. So, when the contents are less in bulk than is required to produce the distension necessary for facility of action, the power of forcible and regular contraction decreases in a similar ratio. Consequently if, as generally is the case, the point of easy action be passed when the head of the fœtus escapes from the os uteri, or, as it may be more properly expressed, the stimulus of distension is no longer capable of continuing the uterine action in sufficient force to drive the fœtal head through the pelvis, a new and more powerful stimulus is required to enable the uterus to act with sufficient energy to complete the labour.

Such a stimulus is found in the painful irritation of the passage of the head over the sensible surface of the mucous lining of the vagina, the distension of the perinæum, and the still more acute agony of the passage of the immediately external parts. Thus are presented, in succession, three stages of painful excitement to uterine contraction; and though differing in energy according to the irritation that the tissue suffers while the fœtal head

is passing over or distending it, each is adapted to fulfil its office in the progress of labour. The irritation arising from the passage of the head through the pelvis, unless disproportionably large, is trifling, when compared with that produced by distension of the perinæum, or the still more exalted excitement of the passage of the os externum; and it will readily be perceived that here nature, as usual, kindly proportions the sufferings to the necessities of the case. During the passage of the pelvis, the uterus is sufficiently distended to require but a little adventitious excitement to produce a proper degree of action, to so far advance its contents as to painfully distend the perinæum, and thereby call into existence a new excitant to its further and more powerful efforts in time to continue the progress of labour. Of this, however, it sometimes fails; and when it does, the most common period is just at the close of this stage, when the head almost, or perhaps entirely, rests on the perinæum, without distending it; when the uterus has considerably lessened the bulk of its contents, and consequently the energy of its contractions; when, from the failure of an anticipated excitant, the expulsive efforts cease, and the labour no longer progresses. If the uterus now rest, it will in a short time accumulate sufficient energy to again commence its expulsive contractions; and hence, frequently after a few hours of calm sleep, the patient is aroused by a return of pain, which, assuming its former energy, soon terminates the labour. On the contrary, if, as frequently is the case, irregular and partial contractions continue, the uterine energies are expended as fast as accumulated; and unless the accoucheur take the case into his own hands, and terminates it by artificial means, the patient, after suffering the extreme of human agony for an indefinite period, very frequently worn out and disheartened with the idea that she is making no progress, sinks into that state, which, from its accumulated horrors, has been aptly termed "nature's last necessity;" or perhaps what may be considered more fortunate, the general sufferings at length rouse the energies of the parturient system, and the patient, after experiencing untold tortures, is at length, by a last and desperate rally, relieved.

But has the accoucheur nothing to do here except to remain a silent spectator of the efforts of nature. The consideration of this part of the subject will be postponed till another time. The means of relief that science places in his hands are the forceps and the ergot; both efficient remedies, both liable to objections, and each probably applicable under certain circumstances. Of the two, as a general agent, I prefer the forceps: 1. Because, if skilfully applied, and cautiously operated with (as they always should be), they occasion much less increase of suffering than the ergot; a consideration that should obtain its proper influence with every practical member of the profession. 2d. After their application, the operator has still the control of their action; a power which he entirely loses when he uses ergot, and which is frequently of importance, and more particularly in twin cases, where the second child often presents unnaturally, and of consequence it is at extreme hazard that the propelling power is continued—a circumstance that once occurred to myself, and of course produced a lasting impression on my mind. 3d. The forceps are applied directly to the object on which we wish to act, and when skilfully used speedily fulfil their office, without injuring the mother or the child; a property not readily accorded to the ergot. When, therefore, the head is sufficiently advanced to be easily reached, and the contractions have become irregular and without force, when no obstructions interpose to forbid their use, the forceps become the safe and easy means of speedily terminating this state of suffering and danger.

Case 5.—Mrs. S., March 1834, had been eight hours in active labour when I first saw her. It was her first child. As she was of good constitution and in the possession of robust health, and the vertex presenting, she was suffered to remain in this state six hours; though the head was all the time nearly resting on the perinæum, and consequently within reach of the

forceps. Her pains were teazing, frequent, and without force, of which she was conscious. Her brow was knitted, and whole countenance indicated extreme suffering. At her earnest solicitation I now applied the forceps, and in forty minutes terminated the delivery of the child. It was a male, healthy and uninjured. She got up without difficulty.

Case 6.—Feb. 28, 1838. Mrs. S. again in labour, with her third child, having been delivered, in Sept. 1835, of her second, a male, by Dr. Morris, as I learned, with the aid of the vectis. The same phenomena as above presented;—when, after waiting one and a half hour without advancement, I applied the forceps, and in a few minutes delivered her of a large healthy male child. Recovery rapid.

Case 7.—Mrs. B., aged 31 years. May 5, 1835. Has been married eleven years. In labour with her first. When I arrived her pains had been active about five hours. Os tincæ fully dilated; waters evacuated an hour before; presentation vertex; perinæum and external parts rigid; bled from the arm eighteen ounces. Four hours afterwards—Head resting on perinæum, which is relaxed and soft; pains declining; pulse soft, full, and of little more than natural frequency; countenance haggard; complains of great and general distress; is extremely restless. About an hour after this, her labour not progressing, I applied the forceps, and in half an hour delivered her of a medium-sized female child. Considerable hemorrhage followed the delivery of the placenta, and she had a slow recovery. Child healthy.

Case 8.—Mrs. B. Jan. 4, 1838. In labour with her second child eight hours when I saw her. Waters discharged early in the labour; head advanced into the pelvis; pains very severe, without producing any perceptible impression on the head. Was informed that with her first child she remainedt welve hours in this situation, her accoucheur not having his forceps with him, and constantly expecting a favourable change. I waited two hours, when, finding that she made no progress, I applied the forceps, which increasing the energy of the uterine contractions, with very little assistance I succeeded in delivering her of a healthy girl in less than an hour. Recovery rapid; sitting up in a chair and dressing her child on the fourth day.

Case 9.—Miss T. W., March 1, 1838, aged 16 years; in labour with first child. Dr. Warner has been with her ten hours. Child's head advanced so as to rest on the perinæum. Uterine contractions, though extremely painful, do not advance the labour. No evidence from pulse or countenance of exhaustion. Waited an hour and a half without any perceptible progress of labour, when I advised the application of the forceps, with which Dr. W. agreeing, I applied them, and in half an hour delivered her of a healthy male child. She had a rapid recovery.

A number more cases might be presented without more fully illustrating this principle, as I have had occasion to apply the forceps over twenty times to fulfil this indication. Indeed, for four or five of the last years, when cases have assumed this character, the possibility, or even probability, of the patient being able by her own unaided efforts to terminate the labour, has not been with me the question to be decided; but rather, can her sufferings be diminished without her danger being increased by their use? Wherever this could be reasonably answered in the affirmative, I have unhesitatingly applied them. So far the results of experience justify the course. Neither the patients nor their offspring have suffered. All of the former have recovered with at least an average rapidity; and with the latter, all (with one exception, an enlarged head,) were born living, uninjured, and healthy.

Buskirk's Bridge, Nov. 5, 1838.

BIBLIOGRAPHICAL NOTICES.

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Dr. L. C. Beck's Chemistry.[1]

We recommend this manual to the student of chemistry. That it has been already well received is sufficiently shown by its being in its third edition. In both this and the preceding editions, Dr. Beck says he has constantly consulted the elaborate treatises of Berzelius, Thénard, Thomson, Henry, Brande, and Turner; he adds, however, that "the work of the late Dr. Turner has been used more freely than any other, and may in some respects be considered the basis of the present manual."

Of the value of that manual the opinion of the profession has often been pronounced, and we understand another American edition of it is in the press.

The improvements in the present edition of Dr. Beck's manual "consist in the introduction of many interesting facts discovered within the last four years, which are inserted in their proper places; the descriptions and woodcuts of the most useful articles of apparatus, some of which will be found in the body of the work, while others, with definitions of chemical terms, and tables of atomic weights, of specific gravities, and weights and measures, constitute an appendix. The materials for the latter editions have been chiefly drawn from the last volumes of Berzelius's Traité de Chimie, Faraday's work on Chemical Manipulation, and Reid's Practical Chemistry." —p. vi.

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Wistar's Anatomy by Pancoast.

We have been favoured by the able editor with the first volume of this work, comprised in four hundred and ninety-one pages; the second and last being in the press and nearly completed.

The Anatomy of Wistar was at one time a universal favourite; not only in its early impressions, but still more in the edition by Dr. Horner. The appearance of other works on Anatomy, and especially that of Dr. Horner have, however, supplanted it in many of the schools, although it is still recommended as a text-book in some of the American medical colleges.

The original formed a good basis, and a valuable superstructure has been erected upon it through the labours of Drs. Horner and Pancoast, especially of the latter, who has industriously added the modern discoveries of anatomists, particularly as regards the structure of the tissues, and elucidated them by numerous woodcuts.

We doubt not that the work will be an excellent companion to the medical student, and that it will furnish him with much interesting and important information, which cannot easily be acquired elsewhere.

[1] A Manual of Chemistry; containing a condensed view of the present state of the science, with copious references to more extensive treatises, original papers, &c., intended as a text-book for medical schools, colleges, and academies. By Lewis C. Beck, M. D., Professor of Chemistry and Botany in the University of the City of New York, and in Rutger's College, New Jersey; Member of the Royal Physical Society of Edinburgh, of the Linnæan Society of Paris, of the Natural History Society of Montreal, of the Philadelphia Academy of Natural Sciences, of the New York Lyceum, of the Albany Institute, &c. &c. Small 8vo, pp. 482. New York, 1838.

Infirmary for Hernia.—A prospectus has been issued for an Infirmary for the relief of poor persons labouring under Hernia; to be opened in this city on Monday, the 3d day of December, 1838, and to be under the competent care of Dr. Heber Chase—so well known for his success in the management of hernia, and of Dr. Reynell Coates, one of our best informed surgeons;—the former being the attending, and the latter the consulting, surgeon.

A Successful Plan of Arresting the Destruction of the Transparent Cornea from Acute Purulent Inflammation of the Conjunctiva. By Frederick Tyrrell, Surgeon to St. Thomas's Hospital, and to the Royal Ophthalmic London Hospital. Read before the Royal Medical and Chirurgical Society, May 22, 1838.[1]—The author having often had occasion to witness the insufficiency of the means commonly resorted to in the treatment of acute purulent inflammation of the conjunctiva, to arrest the sloughing process in the transparent cornea, was induced to study the disease most attentively, in the hope that a knowledge of the mode in which the morbid change takes place, might suggest some adequate means of controlling it. In this hope he was not disappointed, having devised a remedy, the success of which has been sufficient, in his opinion, to warrant him in offering it to the profession. The cornea being, in the author's opinion, almost altogether dependent for its supply of blood upon the conjunctival membrane extended over it, he conceives it to be demonstrated that, in the high degree of chemosis attending upon acute purulent inflammation of the conjunctiva, its supply of blood must be cut off by the mechanical strangulation of its vessels, from which condition sloughing of the whole or a part of the cornea (according to the degree of strangulation) must necessarily result. The plan of treatment, therefore, recommended by the author, consists in dividing the fold of conjunctival membrane, which, by its reflection, constitutes the chemosis, in order, by relieving the distension of its vessels, to diminish the degree of chemosis. The novelty of the plan consists, not merely in the division of the conjunctiva, which has been long practised by many others without the least benefit, but in dividing it in a *radiated* manner, from the centre of the cornea towards the sclerotic margin, in the intervals between the insertions of the recti muscles, whereby the large trunk of the vessels supplying the conjunctiva are avoided. The method, hitherto pursued by many surgeons, of dividing in a circular direction parallel to the margin of the cornea, not only produced no advantage, but was even prejudicial, by cutting off, more perfectly than before, the vascular supply from the cornea. Several cases are related, in which this practice was adopted in persons presented to the author, some in a very advanced stage of inflammation, and after sloughing of the cornea had actually commenced, in which the morbid processes were immediately arrested by its adoption, and the paper concludes by claiming for it the attention of the profession on the following grounds:—That it is safe and easy of performance; that it is more efficacious than any plan hitherto proposed; that it prevents the necessity of active depletion, or the adoption of any more general or local measures, likely to injure the general health or to produce severe suffering.

Mr. Davis was two years in Egypt with the British army, and saw many cases of chemosis. The means resorted to at that period consisted of general bleeding, opening the femoral artery, and dividing the conjunctiva. Army surgeons were not at that time provided with leeches or cupping instruments. He had divided the conjunctiva in hundreds of cases, and so far as that experience went, the proceeding was a most unsatisfactory one;

[1] Lancet, June 2, 1838, p. 342.

the reason why it was so had now been explained by Mr. Tyrrell. General bleeding, as a means of treatment, he had also found most unsuccessful, the disease spreading with a frightful rapidity; he had seen cases in which the cornea had been destroyed in two hours after the first application of the patient to the surgeon. Directions were given that any man who had a sensation of something gritty in his eye should at once apply to the hospital, when an application of tincture of opium was made (the vinum opii not being then in use), and hundreds who thus early applied, and were subjected to this treatment, experienced no further inconvenience, a profuse flow of tears being produced, and the symptoms subsiding. He had himself experienced thirteen attacks of the disease, eight of which had occurred to him in this country. It might not now be of much practical importance to mention, but it was a curious fact, that scarcely a person died of dysentery in whom, during the last moments, ulceration of the cornea did not come on.

Reporting Progress!—The following anecdote is given by Dr. Hosack, in his Lectures, to which we attracted the attention of our readers in the last number:—

"On this subject let me tell you a little anecdote, which I had from Dr. Rush. The doctor had a patient extremely ill, in the Pennsylvania Hospital, for whose recovery he experienced great anxiety. He left him very low, not expecting his recovery. The old nurse of the house was no less attentive to his situation; her anxiety kept pace with the doctor's. She watched the patient very narrowly; *nothing escaped* that she did not know. In a short time a change was effected. In a little time down came old Molly, the nurse, who felt as much anxiety on these occasions as the doctor himself. The old lady impatiently asked for the doctor,—'Well, doctor, our patient is out of danger!' 'Ah, indeed! how do you know, Molly?' 'Ah!' says she, 'I have one sign, doctor, that never, never deceives me.' 'Well tell me, nurse, what is that?' 'Oh, you must excuse me, doctor, but I know he is a great deal better.' 'I must know that secret, nurse.' The doctor was determined to sift Molly *to the bottom.* 'Well, saving your presence, sir, if I must tell you, he just this moment let go a most terrible ——!' When you get this signal, this '*signum salutis,*' you will remember that your patient is in a good way."

Umbilical Abscess, containing several Ascarides Lumbricoides.[1]—A young man, aged fifteen, of a leucophlegmatic temperament, has been affected with tabes mesenterica for some time; emaciated; languid; confined to bed with swollen abdomen; digestion deranged; constant fever. He had been in this condition for a year, when he felt a painful pricking sensation in the left region of the transverse colon, about four fingers' breadth from the umbilicus; the urine was turbid; fæces yellow, nearly liquid, mixed with a whitish fluid; pupils slightly dilated. After continuing for fifteen days, the pains about the umbilicus became most violent; the part presented a red appearance, and was accompanied with fever; an abscess showed itself, which burst spontaneously, and discharged healthy pus. On the fifth day of the opening, along with the pus, which flowed copiously, a worm, of the class ascarides lumbricoides, was discharged; it was from five to six inches in length, and about the size of a goose's quill. A few days after a second was discharged, similar to the first; afterwards a third, and on the ninth day a fourth. Some days subsequently another worm escaped, which was alive, and larger than those which had preceded; at the same time matter of a fœcal odour was discharged. Shortly the tumour became dissipated, the opening closed, the discharge decreased, digestive functions improved, strength and health re-appeared, and the young man acquired embonpoint.

[1] Il Filiatre Sebizio.

Obstinate Constipation at length cured by Air Injections. By Dr. Gerlack, of Czarnicow.[1]—A feeble scrivener, 18 years of age, bearing the marks of confirmed scrofula, experienced on the 31st of August (1837) loss of appetite and nausea; the tongue was coated, and some pain present in the abdomen. He took an emetic, principally of ipecacuanha, with some admixture of antimony, and vomited mucus and then bile. As the bowels were not moved, he was ordered the next day a solution of epsom salts, and warm aromatic herbs were applied to the abdomen. Dr. G. then left him for several days, during which the patient took, of his own accord, glauber salts and infusion of senna, without producing an operation. On the 7th of September, when visited again, he was found throwing himself about in agony, his countenance expressing great anxiety; the tongue was covered with a mucous coat at the edges, dry and red in the centre; the breath was fetid; the pulse rapid, small, irregular; offensive eructation; retching and vomiting of mucus and of the liquids swallowed to alleviate the thirst; the abdomen spasmodically contracted; the mesenteric glands hardened; pain over the whole abdominal surface, especially on the left side of the navel, where, however, no swelling could be detected; the urine sparing and deep red; the patient exhausted by pain and loss of sleep. Dr. G. learned that the patient, previous to the invasion of the disease, had eaten freely of fruit, and especially a large quantity of unripe pears, with the skins and seeds; and as the most careful examination furnished no evidence of rupture, was disposed to consider the case as obstruction of the canal by undigested food, which had by its continuance produced inflammation of the intestine. In this view we directed twenty leeches to be placed on the most painful part of the abdomen, a powder to be taken of six grains of calomel with one grain of hyosciamus, and an evacuant injection containing vinegar and salt. These remedies proving insufficient the calomel was given in a ten-grain dose, to be repeated in two hours, and air injections prescribed. The latter proved very painful to the patient, but after being frequently repeated, so as obviously to distend the abdomen, at length brought away a large quantity of hardened fæces, including several cherry stones, and numerous undigested portions of pears with the seeds. Voluminous stools followed this evacuation, the disease assumed a favourable aspect, and perfect cure followed in a few days on this simple treatment.

Case of Lead Colic, followed by Intermittent Diarrhœa. By Dr. Cless, of St. Catharine's Hospital, at Stuttgard.[2]—A man, 32 years of age, came into the hospital, affected with lead colic and paralysis, for the fifth time within six years. After the colic had been relieved, and the palsy considerably benefited by the employment of strychnine externally, combined with aromatic baths, there occurred on the 23d of August (1836) diarrhœa, with paralysis of the sphincter ani. On the 8th of September, the evacuations suddenly ceased, and gave place to a state of mind bordering on fatuity, which continued till the 15th. On this day the loose evacuations recurred, but the intellect of the patient was restored, and as suddenly as it had previously been impaired. The extremities, however, soon became cold, and the patient sunk. From one to two ounces of clear serum was found in the lateral ventricles of the brain.

Fatal Nephritis occasioned by a common Fly Blister. By Dr. Niemann, of Magdeburg.[3]—Charles B., ætat. 5, was ill with catarrhal fever and hoarse cough. During the night exacerbation of the symptoms took place, and the parents called in a country surgeon, who ordered a large blister. One of

[1] Med. Zeit. v. Vereine f. Heilk. in Pr. 1838, Nr. 3.
[2] Med. Corres. bl. d. Würt. ärztl. Vereins. Bd. vii. Nr. 119.
[3] Leipsig Summarium der ges. Med. Feb. 1838.

the size of two hands was laid over the whole chest. Called to him the next day at noon. Dr. B. found vesication extended over the whole epigastrium, and portions of the ointment still adhering. The child had high fever, pain in the course of the ureters, and stoppage of water. Dr. B. directed the remainder of the ointment to be washed off with warm water, warm fomentations, leeches to the region of the kidneys, and an emulsion of poppies with camphor. The pain however increased, priapism took place, the prepuce became œdematous, and the trunk, feet, hands, and face swelled. The pulse was now small and thready, and the skin cold, with clammy sweats. The child passed the night without sleep, notwithstanding an opiate. The pain in the left nephritic region became insupportable. The urine was passed by drops and bloody. The case terminated fatally the fourth day. Dissection disclosed inflammation of the peritoneum and left kidney, the substance of which was deep red; no urine in bladder; no trace of gangrene in the cavity of the abdomen. The case was obviously one of nephritis, induced by absorption of cantharides, and suspending the urinary secretion, whence general anasarca. This is one of many warnings on the application of blisters to children.

Extra-Uterine Fœtation. Gastrotomy. Cure.[1]—On the 15th of September, 1837, Dr. Zwanck, of Hamburgh, was called on to attend a female, who had experienced labour pains for the last three days; on examination he discovered an extra-uterine pregnancy. Gastrotomy was performed on the following day; an incision, five inches in length, was made along the linea alba, and the chorion exposed, which presented a tendinous appearance; the membranes were now divided, and the fœtus brought into view, but the incision was found to be too small to admit of its extraction; the opening of the abdominal parietes was, therefore, enlarged by half an inch, when the fœtus was removed without difficulty; in a few moments more the placenta presented between the edges of the wound, and was also extracted. The wound was united by five sutures, and after a lapse of three weeks the woman was perfectly well. The child also survived, and at the time of the publication of this case was a strong healthy boy.

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[1] Casper's W o c h., Archives de Méd., June, 1838, and Lancet, Sept. 1, 1838, p. 801.